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ABSTRACT

The Education of the Handicapped Act Amendment of 1986 extended the six basic rights established in the Education for All Handicapped Children Act to preschoolers. All preschool handicapped children (ages 3 to 5) will receive a free, appropriate public education in the same manner that the K-12 students benefit from federal law for the handicapped. Furthermore, by the 1991-92 school year, states accepting federal funds for handicapped preschoolers must guarantee a full range of services to 3- to 5-year-olds. Whether or not the state receives federal funds, schools with preschool classes must include special education in their planning. The legislation also calls for the development of a statewide interagency delivery system for services to handicapped infants and toddlers (birth to 2-years-old). The intent of the 1986 amendment is to reduce or to eliminate the number of special education placements and related services in later years. Although the benefit of these public services for obviously handicapped children is clear, the need to extend programs to children identified as "at risk" of future learning difficulties remains controversial. (KM)

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Updating SCHOOL BOARD POLICIES
Volume 20/Number 10/Nov./Dec. 1989

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Preschool special education: new responsibility for schools

by David E. Greenburg

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"A free and appropriate public education in the least restrictive environment."
(Education for All Handicapped Children Act of 1975)

Controversy may be swirling over the role of public schools in preschool education, but in one area — special education — federal law has settled the issue. Preschool handicapped children (ages 3 to 5) will receive a free, appropriate public education in the least restrictive environment in the same manner that students in the K-12 program benefit from federal law for the handicapped.

In other words, the Education of the Handicapped Act Amendments of 1986 (EHAA) extend the six basic rights established in the landmark Education for All Handicapped Children Act (EAHCA) to preschoolers, namely:

- **zero reject:** all eligible children in each state must be served;
- **nondiscriminatory evaluation:** complete, individual, and appropriate testing must occur before placement in special education;
- **least restrictive environment:** insofar as possible, handicapped students must be placed in environments with children who are not handicapped;
- **due process:** legal procedures must ensure the fairness of decisions concerning the child and the accountability of persons responsible for the program;
- **individualized education:** an Individualized Education Program/IEP describing the child's current performance, educational goals, and appropriate services must be written and maintained;
- **parental participation:** parents must participate in the IEP process, give consent to placement of the child, and have access to all records.

(James J. Gallagher, *Phi Delta Kappan*, October 1989)

The legislation also calls for the development of a state-wide interagency delivery system for services to handicapped infants and toddlers (birth to 2-years-old).

Furthermore, by the 1991-92 school year, states accepting federal funds for handicapped preschoolers must guarantee a full range of services to 3- to 5-year-olds. Whether or not the state receives federal funds, schools with preschool classes must include special education in their planning.

The 1986 amendments supply seed money by authorizing a pool of funds for states to reallocate as "bonus grants" to help local schools defray start-up costs of preschool special education programs and as "basic grants" for continuing financial assistance.

Two themes emphasized throughout the legislation are parental involvement in child development and interagency cooperation in the delivery of service to young children and families.

The outreach effort, however, will bring into sharper focus debate on early identification methods and on whether a broad definition of handicaps (e.g., developmental delays) diverts resources from the neediest children.

Why so young?

The intent of the 1986 amendments is to reduce or to eliminate the number of special education placements and related services in later years. "Early childhood special education," say researchers P. Edmister and R.E. Ekstrand, "has long been accepted in the educational community as an effective intervention strategy to lessen or eliminate the negative effects of handicapping conditions." (*Exceptional Children*, Vol. 54, No. 2)

As the political community was persuaded of the potential long-term cost savings of early intervention, the legislative pace quickened. Both EAHCA and the Handicapped Children's Early Education Program (research and development) represent previous federal attempts to *encourage* services for children younger than traditional school age. Nonetheless, progress was slow, comment Edmister and Ekstrand:

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Dr. Greenburg, director of special services for the Lakota Local School District (West Chester, OH), is the former executive director of the Council of Administrators of Special Education, Inc., a division of the Council for Exceptional Children.

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> Even with this strong federal commitment to early intervention for preschool handicapped children, the actual working of EAHCA makes consistent interpretation by state education agencies and local school districts difficult.

Although the benefit of these public services for obviously handicapped children is clear, the need to extend programs to children identified as "at risk" is controversial. Expressing this concern, the U.S. House Appropriations Committee in August 1989 questioned the eligibility criteria:

> The committee is concerned that the definition of qualifying handicaps currently being used by the Education Department may be excessively broad or...may lack sufficient detail to ensure that assistance goes to the neediest students.

Proponents of early service across a broad spectrum of need, including young children diagnosed as "at risk" or as having "developmental delays" in growth, reason that many sources contribute to learning problems that might later trigger a special education placement.

F.H. Wood (*Teaching Exceptional Children*, Vol. 20, No. 3) describes three sources of risk to children: personal factors, cultural factors, and traumatic life events.

- **Personal factors.** Long accepted as a cause of adult problems, personal factors in children include any child-centered and basic part of their lives that can go awry.
- **Cultural factors.** These conditions relate to intolerance and definitions of acceptability that in effect limit opportunities in school and in life.
- **Traumatic life events.** Individual or family lifestyles that are chronically or occasionally marked by substance abuse, suicide and depression, or involvement with the courts.

Wood urges educators to enter this arena. "Families and school communities are partners in the education of learners with special needs," he says. "Unfortunately, pressures of time and workloads make it difficult for educators to maintain the needed close communication with parents; and fear, guilt, and denial sometimes make it hard for parents to respond positively to overtures by others."

Preschool

By the 1991-92 school year, states receiving federal funds for handicapped preschoolers must provide to this age group all the special education services related to "a free, appropriate education." In 26 states, all handicapped preschoolers now have access to special education; in the others, officials expect mandates to begin by the fall of 1991.

Currently all states and U.S. territories are participating in the federal preschool program, although this decision is subject to annual review. A state's decision not to participate makes the state ineligible to receive any special education *preschool* per-pupil funding or discretionary grants for service, research, or program development.

What's more, despite the lack of federal aid to these states, schools with regular preschool programs still must provide complementary special education services. Requirements include the due process protections woven into the IEP, such as comprehensive evaluation and a multidisciplinary team consisting of parents, school personnel, and other appropriate participants. Several features of the preschool special education program distinguish it from earlier law governing K-12 education of the handicapped:

- **States must report to the U.S. Department of Education the number of preschool handicapped children served but not by category of exceptionality (e.g., mentally handicapped, seriously emotionally disturbed, visually handicapped, etc.).**
- **Children with developmental delays relating to a handicapping condition might qualify a child for participation in the special education program, depending on the state. Qualifying children would be among those tallied to determine federal funding.**
- **When appropriate, IEPs should recognize the important role of family services and include instructions for parents to assist them with their child's development.**
- **Depending on state regulations, preschool services can vary from regular school offerings in terms of length of school day, types of programs, and home- or center-based services.**

Infants/Toddlers

For the first time, infants and toddlers are covered specifically under federal law for the handicapped. The timeline for across-the-board service, however, is different than under the preschool program. Services become mandatory in the fifth year of the state's participation in the program.

The infants/toddlers initiative has a distinctive focus, too. Primary con-

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cerns are *delays in development* (e.g., physical, cognitive, language and speech, and psychosocial or self-help skills) and physical or mental conditions that might cause delays.

Furthermore, at the discretion of the state agency, children identified as at-risk of delay in any area are eligible for the full range of preschool services. Multidisciplinary evaluation and an Individualized Family Services Plan (IFSP) — scheduled on a six-month (not annual) review cycle — are key program components.

The IFSP goes beyond the traditional IEP to cover assessment of the child's current developmental level and of the family's strengths and needs related to the child's development. The IFSP must specify the major outcomes anticipated for the child and for the family; procedures for determining progress; appropriate intervention services; a case manager (with expertise in the field of the child's greatest need) to coordinate delivery of child and family services; and a plan to ensure the child's smooth transition to the preschool program. Finally, upon agreement of the parties, the child may begin receiving services before completion of the initial evaluation and IFSP process.

While the preschool program is the responsibility of the state education agency, each governor has designated a "lead agency" responsible for planning a state-wide service system for the optional infants and toddlers program. In approximately half of the states, state education agencies serve in both capacities; in the others either health, mental health, or human service providers are in charge.

Both programs, but especially the infant/toddler initiative, emphasize the coordination of local agency service to young handicapped or at-risk children and their families. In fact, having a governor's interagency council is a condition of federal funding.

Although federal resources are earmarked for planning, infants/toddlers funds are available to pay for services. But, as a "payer of last resort," all other public or private alternatives first must be exhausted.

Identification procedures

In general, preschool special education programs have been designed to serve severely handicapped children. Federal legislation now has broadened the coverage to children with other handicaps as well as to those at risk of future learning difficulties.

To be effective, says H.D. Yamamoto (*Exceptional Children*, Vol. 20, No.3), "the system for preschool youngsters must incorporate effective evaluation and family involvement in the diagnostic process...." An emphasis on family involvement reorients the traditional "Child Find" process to one more accurately termed "Family Find."

School districts will face challenges in child assessment, however, in developing IEPs for children ages 3 to 5. Although special educators have gained experience by working with the older of the preschool handicapped population, a variety of questions exist relative to accurate evaluation of younger children.

One concern is the consistency of the methods used to place children in special education. In one study of four early childhood screening programs, researchers looked for practices that might repeatedly influence the outcomes by either inflating or depressing the referral rates.

Although identification criteria are specified in federal law and regulations, the standards can be misapplied (or not applied) in practice. Local factors found to influence screening outcomes include referral rates (percent of the community population screened); team versus individual decisionmaking; school-based screening versus community referrals; and the type of relationships existing among community agencies.

According to a recent study on the evaluation of learning disabilities (reported in *Education Daily*, Oct. 23, 1989), "For their recommendations, most specialists relied on their experience with students, hardly using the facts from the case at hand."

Service delivery

Many services (e.g., speech or physical therapy, transportation, extension of the school year) are provided to enable the child to benefit from the education program. The same rationale for determining services for school-age handicapped children applies to preschool clientele: Do what is necessary so that each child has the full chance to benefit from the special education program.

An interagency community focus, while demanding greater cooperation between schools and a diverse group of child providers, should reduce the resource burden on schools and yield more efficient outcomes. For example, applying the "least restrictive environment" mandate (to the maximum extent appropriate, a handicapped child is educated with nonhandicapped peers) to public preschool programs triggers special concerns.

First, many public schools have few or no regular preschool settings, a condition making it difficult to mainstream handicapped children into a regular class. Schools without preschool programs, however, don't have to introduce them in order to comply with the least restrictive environment rule. Instead, federal guidelines suggest cooperation with other daycare providers to achieve this goal.

Comments accompanying proposed federal regulations suggest a range of placement locations: part- or full-time programs run by other agencies (e.g., Head Start), private schools, home- or center-based service, or regular public elementary schools.

But the location of space does not always resolve the placement issue. Crosscurrents might pull decisionmakers in opposite directions. On the one hand, the field of special education is reconsidering the across-the-board priority of the least restrictive environment in services for school-aged handicapped children.

On the other hand, the U.S. Department of Education and many state education agencies nonetheless are scrutinizing center-based services in their monitoring of EAHCA compliance.

Parents might oppose a placement decision, whether they favor mainstreaming or center-based placement.

Continued on page 6

Federal Law for the Education of Handicapped Children

Education for All Handicapped Children Act (EAHCA) 1975 is the landmark legislation providing funding and mandates for education programs for handicapped children.

Section 504 of the Rehabilitation Act of 1973, a companion law to EAHCA in most ways, allows more local discretion in applying the due process and related service directives. While states technically have the option of participating in EAHCA, the Rehabilitation Act applies to all schools receiving federal aid. Handicapped students are covered under the general ban on discrimination. Little detail, however, is offered on the due process procedures required for the *educational placements* of handicapped students.

Education of the Handicapped Act Amendments (1986) adds provisions, timelines, and funding for preschool and infants/toddlers special education to EAHCA.

Handicapped Children's Protection Act of 1986 (Fees Act) describes conditions under which parties winning a special education lawsuit can recover attorney's fees.

Evolution of Federal Laws

Federal laws protect handicapped children from discrimination, abusive classification, and inappropriate educational services. Lawmakers were prompted into action by two cases, *Pennsylvania Association of Retarded Children (PARC) v. Pennsylvania* (1971) and *Mills v. Board of Education* (1972). In both, plaintiffs claimed violation of their children's constitutional rights to due process and equal protection of the law when school officials refused to admit pupils because their handicaps made them "uneducable."

In the first case, a class action suit representing all handicapped Pennsylvania children under 21 years of age classified as uneducable, the court underscored the fact that school officials were not empowered to make such decisions without providing notices to or allowing the participation of parents.

In the second case, *Mills*, the court said that seven handicapped children excluded from District of Columbia public schools were denied due process rights. The federal district court ordered school officials to comply with all proper procedures before taking actions on a reassignment, suspension, or expulsion.

Court decisions, in combination with the enactment of the Rehabilitation Act of 1973, prompted a dramatic change in school programs and procedures for the handicapped. Due to soaring costs of providing the additional services, Congress passed the Education for All Handicapped Children Act (EAHCA) to give financial relief to school districts. School district eligibility depends on its compliance with elaborate procedural safeguards (notice, consent, hearings, and appeals) prior to the initiation or change of a handicapped child's identification, evaluation, educational placement, or provision of a free appropriate public education.

[Notice and other communications must be delivered in a form that can be understood by the child's parents. This could require translation into a native foreign language, braille, sign language, or a taped communication. School officials, in addition, must document their efforts.]

Finances

Plagued by rising costs, shortages of qualified staff, and little program flexibility, special education has posed difficulties for school policy. Courts consistently have upheld the duty of schools to provide expensive services, even placement in private residential centers, if such help benefits the child's education.

In other words, schools don't have to pay for medical services unless they qualify as a related service necessary to provide a free appropriate public education. When disputes over services end up in court, school officials are at a disadvantage. "The sympathy factor is real and can be difficult to overcome," notes John Bowen (*Schools and the Law of the Handicapped*, NSBA, 1981).

Medicaid reimbursement, a federal program calling for state and federal governments to divide the health costs of low-income families, is available for school services to low-income special education students. 1988 amendments to the Medicaid Act specifically include IEP services as reimbursable items.

Spadework is necessary in two areas. State agencies must designate the school district as a Medicaid "provider" and the schools must provide a covered service. Arrangements should be made with local health officials and Medicaid-eligible parents to ensure direct third party billing.

For special education students ages 3 years or older, in some cases (depending on family income and insurance coverage) schools will have to pay family deductibles and copayments to guarantee a "free appropriate education."

The effort could be worthwhile. It is in Baltimore, Maryland. With program administration costs of $200,000, city schools are expected to recoup $2 million annually from the Medicaid program.

Handicapped Children — children who because of handicaps in one of 11 categories need special education and related services. The classifications described in EAHCA are deaf, deaf-blind, hard of hearing, mentally retarded, multiple handicaps, orthopedically impaired, other health impaired (chronic or acute health problems that negatively impact learning), seriously emotionally disturbed, specific learning disability, speech impaired, and visual handicap.

The law defines the term handicap only in reference to education, i.e., a child is not covered by the law unless treatment and diagnosis of the handicap will lead to fuller participation by the child in the prescribed education program.

Free Appropriate Education — the special education and related services provided by a school district at public expense and under public supervision as are outlined in the handicapped pupil's Individualized Education Program (IEP).

School boards must identify, evaluate, place, and provide education to all handicapped children within their district. The provisions of EAHCA don't necessarily entitle students to placement at the closest school, only to education in the least restrictive environment appropriate to their educational needs. According to the law:

> To the maximum extent appropriate, handicapped children in public or private institutions, or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aides and services cannot be achieved.

Courts have steered clear of a rigid definition, instead relying on the facts of each case. In some cases, an appropriate education is an "adequate education" (what is necessary to progress from grade to grade); in others, schools must provide the means to allow a child to realize his or her potential.

Special Education — instruction that is custom designed to meet the educational needs of a handicapped child, for example, in a regular classroom, special classes within a regular school, home, center, hospital, or an institution.

AIDS

In 1985, hemophiliac elementary student Ryan White set a legal precedent by claiming that school officials violated the Rehabilitation Act when they excluded him from school in favor of home teaching because he contracted AIDS. The state hearing officer determined that Ryan had not been placed in the least restrictive environment and ordered him reinstated in the regular school program until he no longer could benefit from classes.

School officials cannot automatically exclude an HIV/AIDS student because of the infection but must proceed with a case-by-case evaluation to determine the appropriate educational program (In cases of hemophilia, the child already might be in special education. Otherwise, HIV/AIDS could qualify a student as "other health impaired.")

Individualized Education Program (IEP) — school officials and parents are responsible for developing and implementing a plan to meet the individual needs of handicapped students. The need to involve parents in the process cannot be overemphasized.

"Unless [the parents] are invited to participate in all significant decisions made by the school," the Supreme Court said in *Board of Education v. Rowley* (1982), "the statutory deference to State and local decisionmaking in the educational field would not be justified."

Although special educators might draft an IEP for parents to review, this approach should be exercised with "great care," says former U.S. Office of Special Education official Patricia Smith (*Education Daily*, June 27, 1989). Parents must have the chance to contribute to the education program developed for their child.

"If showing parents written proposals enhances their involvement in designing an IEP, it is appropriate. If it forecloses their role, it is not," Smith adds.

An interdisciplinary IEP team must be designated for each child consisting of a school district representative (other than the child's teacher) who is professionally able to supervise the child's special education program; the child's teacher; one or both parents; the child, when appropriate; and other individuals selected at the discretion of the parent or district. An IEP meeting must be held within 30 days of the initial placement recommendation. After appropriate placement is determined, IEPs are subject to annual review.

Identification, Evaluation, and Placement Process

Identification: school procedures for locating handicapped children, regardless of the severity of the disability. State agencies and local schools are responsible for identifying handicapped children in both public and private schools.

Evaluation: optional procedures (not tests or evaluations given to all children) used to determine the existence and extent of a handicap as well as the type of services appropriate for each child. An evaluation must occur before a child is placed in a special education program.

Placement: determination of the conditions of an appropriate education for a handicapped child. In practice, a program on which the parents and schools agree, observes Michael I. Levin (*Schools and the Law of the Handicapped*, NSBA, 1981). If no local agreement is reached on the program, service, or school, the matter goes before a state administrative hearing officer and then to the courts, with the facts of each case rather than legal principles exerting primary influence on the final decision, adds Levin.

Potential Problems: *inaccurate classifications*, either overrestrictive (i.e., children are classified as having handicapping conditions or as having more severe disabilities than in fact exist) or underrestrictive (children with handicaps are not identified or their handicaps are diagnosed as less severe than they are). Often discipline problems mistakenly trigger a special education placement. Conversely, mild learning disabilities and mental processing problems escape detection.

Improper classroom placement can result from challenges to the IEP or the reluctance of school officials to fund an appropriate placement requiring outside services.

Preschool continued from page 3

Some view the related special education services in the preschool child's IEP as more important than the education program, notes S.K. Blattner (*Exceptional Children*, Vol. 20, No. 3).

Others will fight to have children mainstreamed into the community school, regardless of the loss of services or the physical limitations of the facility (e.g., wheelchairs in multilevel buildings without elevators).

In one case (*Mark and Ruth A. v. Grantwood Area Education Agency*, 1986), parents asked the court to grant their handicapped child placement in a private school that emphasized classroom interaction with nonhandicapped students. School officials recommended a special education class located on a regular elementary school campus. The court found the school action to be in compliance with the mainstreaming requirements of EAHCA.

In another case (*Bonadonna v. Cooperman*, 1985), the court upheld the position of parents who wanted their hearing impaired child placed in a regular school even though the special education services would be inferior to those at a center.

School funding

Financial incentives are available — through the states — to school districts. However, not much financial relief is expected under the infants/toddlers program. With grant money earmarked for the planning of state-wide delivery systems, probably little will go to local schools.

Preschool programs qualify for annual funding along two separate tracks. **Track A basic grant** funding is calculated according to the number of children (ages 3 to 5) served in the state; **Track B bonus grants** are determined by the number of additional children expected to receive services during the next school year. [Funding adjustments — both positive and negative — are made the following year after the actual enrollment numbers are tallied.]

The funding formula distributing federal money to states (not to schools directly) accounts for the fact that a district's preschool handicapped enrollments might increase while its reimbursement decreases. Federal funding, in other words, depends on the total number of children served in each state. (See map on page 8.)

Although some districts might enroll more children than the year before, if other districts served fewer preschoolers, the total federal grant to the state would decrease. With a smaller "pot" of money to distribute, local schools would receive less per pupil than the year before.

Another factor is the funding adjustment. If states overestimate the projected preschool numbers (bonus grants), the adjustment made the following year could negate the financial impact of preschool enrollment increases.

EHAA allows Congress to set appropriations annualiy, up to the maximum authorized amount. The 1989-90 school year is the finale of bonus grant funding as school enrollments grow and the appropriation for basic grants increases. (Please see chart.)Track A reaches its maximum funding level in the 1990-91 school year with a $1,000 per-child basic grant.

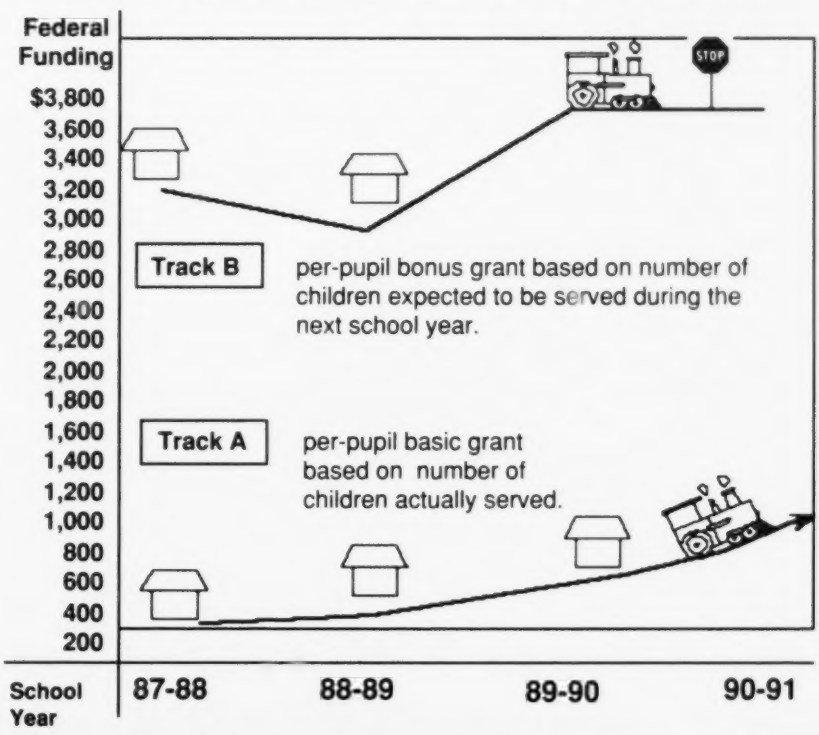
The congressional reappropriation made in August 1989 (1989-90) funded the maximum amount for both tracks: $500 per Track A basic grant and $3,800 per Track B bonus grant. [Congress appropriated $300 (basic)/$3,270 (bonus) for the 1987-88 school year and $400 (basic)/$2,876 (bonus) for 1988-89.]

The law directs the state education agency to "pass through" at least 75 percent of the federal funds to local schools, with 5 percent allotted for state administrative and 20 percent for discretionary costs.

Full partners

As a relatively new undertaking for many school boards, preschool education offers a fresh start to forming full partnerships between regular education and special education as well as between the community and its schools. Effective communication among all concerned — parents, teachers, community agency staff, administrators, and policymakers — (both during program planning and implementation) should ease the job of opening schools to their youngest entrants, regardless of the status of their special needs. ■

FEDERAL FUNDING FOR PRESCHOOL EDUCATION



policy Adviser

Our schools have computers but no related policy. What type of policy should the board adopt to ensure that computers help us to achieve student learning and school management goals? —*Persistent Clearinghouse Question.*

Think education technology, not just computers. As a learning and management tool, technology — whether the medium is fiber optics, television, computers, satellite dish, hypertext/CD Rom, videodisc, or electronic networking — is the application of science to improve the effectiveness and efficiency of learning.

Unless technology in schools is supported and guided by policy, its success will fall far short of potential. Policy is the place to develop a systematic approach to technology acquisition and use. Even if technology currently is not a significant factor in school life, it will be in the future. Technology as a delivery resource allows educators to adapt burgeoning amounts of information to accommodate individual students (both in terms of learning needs and location) while at the same time managing complex administrative operations.

Technology policy might trigger a dilemma for the board because it affects areas as diverse as School District Mission and Goals, Building Security, Vendors, Support Services, Copyright, Community Use of School Facilities, Budget, Parental Involvement, Curriculum, Records, and Teacher Training.

The board might approach policy objectives with a single swoop (a comprehensive policy) or with several motions (revisions of multiple policies). The answer, of course, depends on the breadth and depth of the board's commitment to technology as well as on the style and character of the policy manual.

The policy development process might proceed in several stages. First, an audit will determine what policies are affected now or soon will be as the district proceeds with its technology plan. With the audit results in hand, the board can take a comprehensive approach to policy development, even if in practice existing policies are revised rather than new ones being developed.

Second, a needs assessment will take a technology count (e.g., of hardware, software and satellite dishes) and then will size up both the technology expertise and attitudes of school staff. This information is crucial to providing effective training programs. School boards should not underestimate the power of "technophobia" to inhibit the success of technology in the classroom.

Next is resources. The lessons of experience have shown that technology goals might remain unfulfilled unless school budgets include the hidden costs of technology, such as software purchases, service contracts, security, replacement, and teacher training.

The resource "bottom line" (also consider foundations and business partnerships as a way to obtain technology without having to include it as a line-item expense) will signal a realistic implementation timeline — short-range, middle-range, or long-range.

Finally, the push towards education accountability should include technology. Board responsibility extends to the development of evaluation criteria to determine whether taxpayers and students get a fair return on their respective investments of money and time. Typically, a policy will specify the net outcomes of education technology in terms of productivity, achievement, and student and staff morale.

Other less visible policy areas are review and selection of software, equity, and the full integration of technology into curriculum. The complex equity issue deserves board attention. Some policies focus on student-to-computer ratios while others emphasize the numbers of computers per school. Some boards prefer a weighted formula similar to ones used to determine class sizes (i.e., a special education or remedial student counts for 1.5 whereas a regular pupil receives a 1.0 ranking). Remedial or disadvantaged students, for instance, would rate more computers per 30 students than would regular students.

The final stage of policy development is communication and collaboration among the interested parties. With this input, the school board will be ready to adopt a policy plan to guide administrators, teachers, support staff, students, and community members toward excellence and equity in education — with the help of technology!

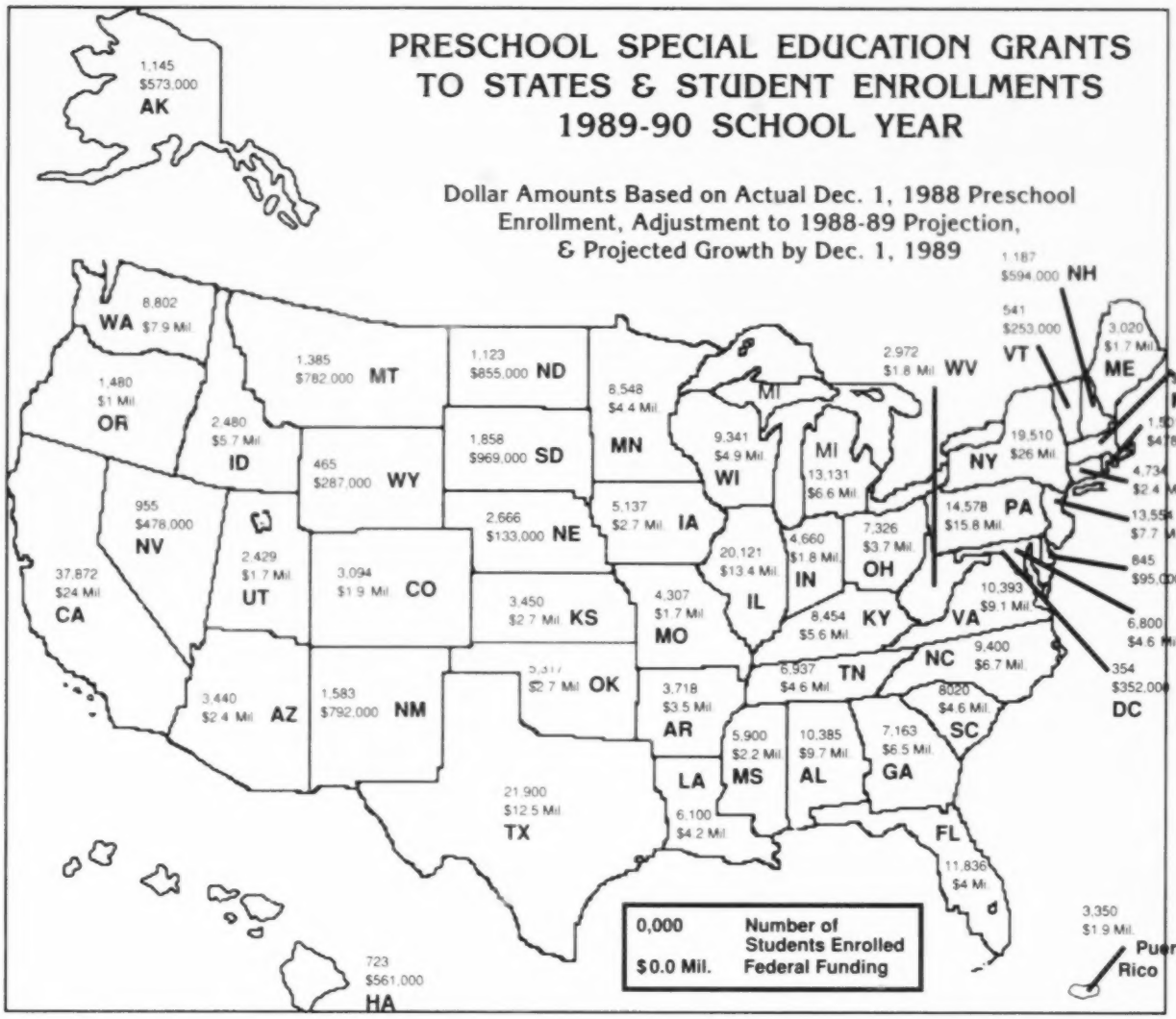
For more policy help

Sample policies and regulations relating to topics covered in this month's *Updating* are included in the school administrator's copy of this publication. These are:

Preschool Special Education: IGBA, IGBA-R, Programs for Handicapped Students.

Computer Policy: EGA-R, Office Communications Services; IIBG, Computer-Assisted Instruction.

Additional sample policies, regulations, or exhibits on these and other topics may be requested from the EPS Policy Information Clearinghouse, NSBA, 1680 Duke Street, Alexandria, Virginia 22314 or from your state school boards association.


PRESCHOOL SPECIAL EDUCATION GRANTS
TO STATES & STUDENT ENROLLMENTS
1989-90 SCHOOL YEAR
Dollar Amounts Based on Actual Dec. 1, 1988 Preschool Enrollment, Adjustment to 1988-89 Projection, & Projected Growth by Dec. 1, 1989
1,145 $573,000 AK
8,802 $7.9 Mil. WA
1,480 $1 Mil. OR
2,480 $5.7 Mil. ID
1,385 $782,000 MT
465 $287,000 WY
955 $478,000 NV
2,429 $1.7 Mil. UT
37,872 $24 Mil. CA
3,440 $2.4 Mil. AZ
1,583 $792,000 NM
1,123 $855,000 ND
1,858 $969,000 SD
2,666 $133,000 NE
3,094 $1.9 Mil. CO
3,450 $2.7 Mil. KS
$2.7 Mil. OK
21,900 $12.5 Mil. TX
8,548 $4.4 Mil. MN
5,137 $2.7 Mil. IA
4,307 $1.7 Mil. MO
3,718 $3.5 Mil. AR
6,100 $4.2 Mil. LA
9,341 $4.9 Mil. WI
20,121 $13.4 Mil. IL
5,900 $2.2 Mil. MS
MI
13,131 $6.6 Mil. MI
4,660 $1.8 Mil. IN
8,454 $5.6 Mil. KY
6,937 $4.6 Mil. TN
10,385 $9.7 Mil. AL
2,972 $1.8 Mil. WV
7,326 $3.7 Mil. OH
7,163 $6.5 Mil. GA
11,836 $4 Mil. FL
19,510 $26 Mil. NY
14,578 $15.8 Mil. PA
10,393 $9.1 Mil. VA
9,400 $6.7 Mil. NC
8020 $4.6 Mil. SC
1,187 $594,000 NH
541 $253,000 VT
3,020 $1.7 Mil. ME
9,783 $5.5 Mil. MA
1,501 $478,000 RI
4,734 $2.4 Mil. CT
13,555 $7.7 Mil. NJ
845 $95,000 DE
6,800 $4.6 Mil. MD
354 $352,000 DC
3,350 $1.9 Mil. Puerto Rico
723 $561,000 HA
0,000 Number of Students Enrolled
$0.0 Mil. Federal Funding

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